Exhibit B

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December 17, 2013

Sabrina Shroff, Esq.
Federal Defenders of New York, Inc.
52 Duane Street, 10th Floor
New York, NY 10007

Re: Ingrid Lederhaas-Okun
13 Mag. 1390, 13 Cr.

Dear Ms. Shroff:

Your client, Ingrid Lederhaas-Okun, was referred to me in July of 2013. As noted below, I have spoken with her three times over a span of 5 months. During that time, she was charged with and then pleaded guilty to interstate transportation of stolen property in violation of Title 18, United States Code 2314. At your request I have performed a forensic psychiatric assessment of her and have the following findings to report.

Sources of information:

Interviews with Ingrid on 7/17/13 (2.5 hours), 10/31/13 (3 hours), 11/22/13 (2 hours)
Interview with Robert Okun 7/17/13 (0.5 hours)
Interview with Trish DuRivage 12/9/13 (1.0 hour)
Interview with Dr. Patricia Cook 12/10/13 (0.4 hours)
Plea Agreement dated July 22, 2013
Plea transcript dated July 26, 2013
Medical records from New England Fertility Institute December 2008-January 2009.
Letter, dated August 23, 2013, from Amory J. Fiore, MD, confirming two lumbar spine surgeries on 11/17/09 and 6/23/10.

My Qualifications

I am a Professor of Clinical Psychiatry at Columbia University in New York and a Research Psychiatrist at the New York State Psychiatric Institute. I obtained my undergraduate degree from Princeton University in 1978 and my Medical Degree from the University of Pittsburgh, School of Medicine in 1983. My residency in Psychiatry was at the New York State Psychiatric

Institute/Columbia University Department of Psychiatry. I completed a two year fellowship in Biometrics Research which is a specialty in the diagnosis and assessment of psychiatric disorders. I am Board Certified in Psychiatry. A copy of my current curriculum vitae is attached.

I was the Editor of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) and the editorial and coding consultant for the current edition, DSM-5. The DSM is the American Psychiatric Association's diagnostic manual which provides scientifically-based definitions of mental disorders and is the diagnostic standard for defining mental disorders used by mental health professionals, other health care professionals, administrators, policy makers and lawyers in the United States and internationally. The manual is 948 pages in length and provides diagnostic criteria for over 250 mental disorders that form the basis for clinical assessment and treatment of mental disorders. I am also the chief editorial and technical consultant to the World Health Organization in their effort to develop the next edition of the Mental Disorders Chapter of the International Classification of Diseases, ICD-11.

I am the lead author of the Structured Clinical Interview for DSM-5 Disorders (SCID-5) and the Structured Clinical Interview for DSM-5 Personality Disorders (SCID-PD) which are assessment instruments useful in both clinical and research settings for making reliable and valid psychiatric diagnoses. The SCID is the most widely used structured clinical diagnostic interview instrument in the United States. It was recently used to validate an Army-wide survey of psychiatric problems among current active duty soldiers in the U.S. Army.

I am a consultant to a number of pharmaceutical companies. I train psychiatric investigators on how to make reliable psychiatric diagnoses used to decide whether to include subjects in the protocols, a crucial step in order for the US Food and Drug Administration to approve the medication for a specific diagnostic indication. I also serve as a consultant to the United States Substance Abuse and Mental Health Services Administration (SAMHSA). I train interviewers in making accurate psychiatric diagnoses.

I have given hundreds of lectures both in the United States and around the world about psychiatric diagnosis and clinical assessment, having trained thousands of researchers and clinicians and students.

Evaluation of Ms. Okun

Background

Ms. Ingrid Lederhaas-Okun was born on January 31, 1967. She was married for 13 years to Robert Okun. They have recently divorced. Ingrid attended Georgetown University and graduated in 1989. She did graduate work at the Royal Academy of Arts in London. She worked at Tiffany for 21 years. Her employment with Tiffany started shortly after her graduating from the Royal Academy of Arts. She applied to Tiffany at the suggestion of a close friend of her mother's who worked on the floor of the Tiffany store on Fifth Avenue. Ingrid started in the men's merchandise buying office. Over the years she moved steadily up the ranks through the other buying offices (e.g., silver),

and then into product development. She was promoted to the level of vice president in 2004 and remained in that position until she was laid off in February 2013 as part of a company-wide retrenchment.

According to Ms. Okun, her first 10 or 15 years at Tiffany were thoroughly enjoyable. She was gratified by the positive feedback that she received from her supervisors as well as her peers. However, once she rose to the level of vice-president, things started to drastically change for the worse. According to Ms. Okun, "Tiffany became a totally different company. It just kept getting more and more political which I am not good at." Most of Ms. Okun's unhappiness came from the tension and discord between her and her boss at Tiffany. Ingrid is by nature a very quiet and passive person. She strives to be accommodating and supportive of others, even at the expenses of her own needs. She is extremely avoidant of any type of confrontation and will take every possible measure to avoid displeasing another individual be it her subordinate, her superior or her peer. While her supportive and accommodating nature is a major asset when she is in the role of supervising underlings and bringing projects to fruition, her extreme passivity is problematic for her as she is unable to stand up for herself in the competitive world of office politics.

Within a year of her being promoted to VP, she became involved in a protracted struggle with another woman who at the time was employed at the same level as Ingrid but who soon become her superior. The discord between them escalated when both applied for the same promotion and Ingrid did not get the job. Ingrid was perceived as a competitor and threat and almost immediately her new boss started a campaign to minimize Ms. Okun responsibilities by cutting her staff and bringing her own people into the group.

Ms. Okun recounted how her new boss cut her staff from 50 people to having less than 25 reporting to her. Ingrid describes how her boss "took half my job away from me. Then every 6 months, she would take away another division from me." Her boss undermined her at every step – she would cancel meetings at the last minute without any explanation to Ms. Okun and would also schedule or re-schedule meetings without telling Ms. Okun. Ms. Okun described many instances in which there would be some meeting happening at work that was purposely not communicated to her and that she would only find out about third hand. Ms. Okun reported feeling "angry, frustrated, and rejected" but stated that she would never confront her boss. When she would politely ask her boss why a particular meeting was cancelled or why she was not made aware of an important issue in the office, her boss would simply not provide an explanation. Unable to initiate a confrontation, Ingrid would not pursue the matter. As Ms. Okun said to me – "My boss took advantage of my passivity." When asked how she coped with these repeated slights, Ingrid said she would just "put on a happy face" so as not to negatively affect the morale of her staff, but that "inside it was eating me up Had I been smarter, I would have thought that maybe it's time to move on to another company." However, because of her commitment to the company and her staff she felt that she was unable to quit. She was propelled by an unhealthy desire to protect the others over herself.

Ms. Okun's job as VP of development entailed keeping track of daily sales of products and to identify gaps in the collections. When such gaps in the product line were detected, her group would

develop new merchandise to fill those gaps. Ms. Okun explained that this involved signing out pieces of jewelry from the company inventory so that they could be used for a variety of purposes in the development process. In the process of doing this development work, pieces of jewelry would need to be "written off" from inventory because they were damaged, lost, or sent to manufacturers for use as prototypes. All employees at the VP level were able to do this, after entering a "reason code" into the computer system to account for the loss. Ms. Okun used this mechanism to remove jewelry from the premises and sell it.

The first incident of theft occurred around 2005 or 2006, somewhat serendipitously. One of her staff members who had signed out a pendant asked that it be written off because it had been lost, which Ms. Okun did. A few days later, the employee came back with the pendant in hand, saying that she had found it. Ms. Okun put it on her shelf and promptly forgot about it. Months later, she noticed the pendant still sitting on her shelf. , she realized that for all intents and purposes, the pendant was lost to the inventory system. Ingrid simply kept the pendant.

When pushed about coming up with an explanation about why she took the pendant, Ingrid was at a complete loss. "I really have no clue—this is completely out of character for me. I've never stolen anything before in my life." To this day, Ms. Okun really does not have a good grasp as to why she did it. When pushed she conjectures theories such as "I must have wanted to get caught. Maybe I wanted to get back at the company." What is clear is that Ms. Okun has no real understanding of her inner thoughts and motivations. Looking back now on her behavior, while she can appreciate the causal connections between the struggles at her job and stresses of her life and the thefts, the fact that she engaged in such risky behavior over a period of time continues to baffle her.

For the first several years, the thefts occurred relatively infrequently, apparently being triggered by some particularly egregious incident of mistreatment by her boss or some other stressor in her life. Her boss continued to cancel meeting at the last minute with no explanation or apology to Ingrid. Ingrid would have spent hours preparing for a meeting only to be told nothing more than it was cancelled; no word as to whether it would ever be re-scheduled. In such instances, these thefts appear to be a maladaptive and ultimately self-destructive coping mechanism for dealing with the stress and humiliation she was experiencing. It was her way of passive-aggressively getting back at her boss (and by extension, to Tiffany for their complicity in her mistreatment).

Starting in late 2009, the frequency of these thefts increased, reaching its crescendo in the winter of 2012. This escalation was directly related to the accumulation of the number of significant life stressors, including the failure of a round of in vitro fertilization (IVF) in January 2009 and the consequent disappointment about the reality that she would never have children of her own, the further deterioration of her situation at work and her inability to either confront her boss or leave the job, and the worsening health of her parents to which Ms. Okun is quite close (her mother was struggling with cancer and her father with severe congestive heart failure and lymphoma). Moreover, Ms. Okun was experiencing significant health issues of her own, developing severe back pain and sciatica, necessitating two lumbar spinal surgeries in November 2009 and June 2010.

In my sessions with Ms. Okun, she described how during much of the time (2008 onward), she was depressed, down, and empty. Ms. Okun reported that she felt like a failure – unable to conceive and unable to perform at her job; a failure at every level. As described by Ms. Okun, "I was very down. I felt like, what am I working for? I put everything I had into my job, sacrificed having children, and what do I have to show for it? I felt my career had stopped at Tiffany."

Although her family and friends endeavored to be supportive, Ingrid deflected their attention. She could not bear to have anyone else see how upset she was feeling. Her extreme aversion to sharing her problems or inner life with others coupled with her desire not to burden anyone else with her troubles led her to continuously present to others an outwardly happy appearance. Her now ex-husband Robert reports that he had no idea that his wife was feeling depressed. Nor did Robert Okun know that she was having difficulties at work. "She was superb at deflecting attention and conversation away from herself. She does not like to talk about herself and is always focused on the other person in the room. She's done an amazing job of getting me to talk about myself and things that trouble me. She really gets uncomfortable when you try to find out what's going on with her."

In addition to serving as a defense mechanism and a passive-aggressive response to being mistreated by Tiffany after all of her years of dedication, the thefts relieved Ingrid of her feelings of emptiness and depression. She finally was getting something back. Much of the proceeds from the sale of the stolen jewelry were used to purchase the latest styles of jewelry from Tiffany (at her 50% employee discount). According to Robert Okun, Ingrid used the money to take vacations with him. It allowed her to "escape work and that reality." She noted that while this was initially effective in improving her mood, eventually buying things and going travelling no longer had much positive impact on her mood.

Psychiatric History and Personality Functioning

Prior to her arrest, Ms. Okun has never received any psychiatric treatment or counseling. The lack of prior treatment is not indicative, however, of the absence of psychiatric symptoms (depression). It reflects her extreme aversion to talking to other people about herself. As Ms. Okun reported at our first meeting, "I never talk about myself. This is the most I ever talked about myself. I have surrounded myself with people that talk." Ms. Okun describes herself as "terribly shy" growing up and that she was very quiet and would blush a lot as a child. Although her parents put her into the debate club in order to improve her ability to speak in public, she has always disliked being the center of attention.

The only treatment that Ms. Okun has received is with a psychologist, Dr. Patricia Cook, who has seen her for seven sessions at her attorney's insistence. According to Dr. Cook, they have been focusing almost entirely on helping her deal with the consequences of the arrest, including getting divorced from her husband, having to sell her house, and her feelings of guilt as she had caused havoc on her family's emotional life.

In the course of my evaluation of her, she denied any evidence of mania, psychotic symptoms, impulse control problems, cognitive impairment, or drug or alcohol abuse during the period of the

thefts. Notably, since the arrest she has reported some suicidal ideation, significant depression, and a significant increase in her alcohol use (up to 5-6 drinks daily.)

In addition to her extreme closedness to others, Ms. Okun is also pathologically focused on doing whatever she can to make other people happy. As she reported, "I'm also trying to make it better for everyone else. I've always been doing things for others. I derive a tremendous amount of pleasure and joy from making other people happy. I get much more pleasure out of giving gifts than receiving them." According to both her husband and her friend Trish, Ms. Okun's gift giving was "over-the-top," as she was always buying things for other people. As her husband commented, "she keeps buying me shirts and sweaters. She was not just buying gifts for me – she is always sending candles for the neighbors – she is genuinely kind and thoughtful."

As noted previously, Ms. Okun is characterologically averse to talking with others about her feelings, problems, or other aspects of her inner life. One motivation for her staying silent is so that she can avoid feeling embarrassed by she considers to be her own significant failures. For example, she never told her husband or any of her family members about the incredible stress and struggles she was having at work. According to Ms. Okun, "I feel extremely embarrassed about what happened to me – it's mortifying to tell people about it. It would give them the impression that I am not competent and not succeeding in my career. It was hugely embarrassing to admit that I had plateaued. I wanted to become a senior VP—when I saw myself losing that battle, this is something I wouldn't share with anyone. No one has any idea of what happened to me over the last 5 years."

A second motivation is to avoid opening herself up to criticism and confrontation. For example, she never told her parents that she was undergoing IVF or that the IVF treatment had failed. According to her friend Trish, her parents have historically been very negative about Ms. Okun having children, instead encouraging her to devote all of her energies to her career and rising to the top. As Ms. Okun reported, had she told her father about her desire to have IVF, he would have said "why are you doing this? He would have thought I'm too old. He felt that in order for me to be a good mother, I would have had to be a full time mom." So to avoid his disapproval or any confrontation, she simply did not tell either of her parents that she was undergoing IVF nor did she ever share with them that it had failed or that she felt depressed about not being able to conceive and carry a child.

Finally a third motivation for her closedness is to protect others from the ramifications of her problems. For example, despite all of the difficulties she was having at work with her boss, Ms. Okun did her upmost to hide this from those who worked for her. As she reported to me, "to my team, I could not show that I was down or depressed or upset in any way. What kind of motivation would that be to them? I also tried to put a positive spin on what my boss was doing to me and my department. I saw many teams get unmotivated at work. Even if my position was going to be downgraded and reduced, it was about keeping a good environment."

Ms. Okun is also extremely conscientious to the point of perfectionism. According to Ms. Okun, "I make lists every day – I won't want to go to sleep until everything on the list is done."

Psychiatric Diagnoses

From at least since 2008 and up until the present, Ms. Okun has been suffering from Other **Specified Personality Disorder with avoidant and obsessive-compulsive traits**. This designation means that she meets the DSM-5 requirements for a personality disorder, that is, that she has "an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture…manifested in the areas of cognition (i.e., ways of perceiving and interpreting self, other people, and events) and Interpersonal functioning (criterion A), that is inflexible and pervasive across a broad range of personal and social situations (criterion B), that leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning (criterion C), that is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood (criterion D), is not better explained as a manifestation or consequence of another mental disorder (criterion E), and is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., head trauma) (criterion F). Moreover, criteria are not met for any of the 10 specific DSM-5 personality disorders but she has traits characteristic of avoidant personality disorder (e.g., shows restraint within intimate relationships because of the fear of being shamed or ridiculed) and obsessive-compulsive personality disorder (e.g., excessively devoted to work and productivity to the exclusion of leisure activities). She also has suffered from a chronic form of **Adjustment Disorder**, characterized by the development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s) (criterion A), which are clinically significant, as evidenced by significant impairment in social, occupational, or other important areas of functioning (criterion B), and does .not meet the criteria for another mental disorder and is not merely an exacerbation of a preexisting mental disorder (criterion C)., does not represent normal bereavement (criterion D) and once the stressor or its consequences have terminated, the symptoms do not persist for more than an additional 6 months. In Ms. Okun's case, developed symptoms of depression in response to the various stressors listed previously, and its persistence for several years reflects the on-going nature of the stressors.

Summary

While Ms. Okun's criminal behavior is not a direct result of any severe psychiatric symptomatology, there is no question that psychological factors played a significant role in her behavior. Ms. Okun has a personality disorder characterized by a mixture of avoidant and obsessive-compulsive traits. Many aspects of Ms. Okun personality, namely her closedness and inability to seek comfort and help from others, her pathological need to accommodate others and avoid confrontations, and her single-minded devotion to her work at Tiffany predisposed her to commit the thefts, both as a way of passive-aggressively retaliating against her employer for her perceived mistreatment, and as a way of providing temporary comfort for her feelings of emptiness.

Please notify me if you have additional information about this matter that you wish for me to consider.

Very truly yours,

Michael B. First

Michael B. First., M.D.

Diplomate, Psychiatry, American Board of Psychiatry & Neurology

Professor of Clinical Psychiatry, Columbia University College of Physicians and Surgeons

CURRICULUM VITAE

Michael Bruce First

Birthdate: November 25, 1956
Birthplace: Philadelphia, PA
Citizenship: USA

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Academic Training

Princeton University	BSE, Computer Science	1978
Univ. of Pittsburgh	MS, Computer Science	1983
Univ. of Pittsburgh	MD	1983

Traineeship

Internship - Medicine	Shadyside Hospital, Pittsburgh, PA	7/83-6/84
Residency - Psychiatry	Columbia-Presbyterian, New York, NY	7/84-6/87
Fellowship - Biometrics	NYS Psychiatric Institute	7/86-6/88

Board Qualification

4/89- Diplomate in Psychiatry of the American Board of Psychiatry and Neurology, #31114

Professional Organizations and Societies

1979- American Medical Association
1985- American Psychiatric Association
1990- American Medical Informatics Association
1993- American Psychopathological Association
1996- Association for Research in Personality Disorders
2006- American Academy of Psychiatry and the Law

Academic Positions:

7/88-6/90	Instructor in Clinical Psychiatry, Department of Psychiatry, Columbia University College of Physicians and Surgeons
7/90-6/98	Assistant Professor of Clinical Psychiatry, Department of Psychiatry, Columbia University College of Physicians and Surgeons
7/98-6/05	Associate Professor of Clinical Psychiatry, Department of Psychiatry, Columbia University College of Physicians and Surgeons
7/05-	Professor of Clinical Psychiatry, Department of Psychiatry, Columbia University College and Physicians and Surgeons

Hospital Positions:

7/88-6/90	Assistant Psychiatrist, Presbyterian Hospital
7/90-6/98	Assistant Attending Psychiatrist, Presbyterian Hospital
7/98-6/05	Associate Attending Psychiatrist, Presbyterian Hospital
7/05-	Attending Psychiatrist, Presbyterian Hospital

Editorial:

1997-2000 Editor, DSM-IV-TR
1997-2000 Co-chairperson, DSM-IV Text Revision Workgroup
1999-2004 Medical Editor, Quick Reference Guides for APA Practice Guideline Project
1999-2002 Senior Associate Editor, Psychiatry Second Edition, John Wiley and Sons, 2002.
1990-1994 Editor, Text and Criteria, Diagnostic and Statistical Manual of Mental Disorder (DSM-IV), American Psychiatric Association
1992-1996 Editor, Diagnostic and Statistical Manual of Mental Disorders - Primary Care Version (DSM-IV-PC), American Psychiatric Association
1995-1997 Editor, Handbook of Psychiatric Measures, American Psychiatric Association
1990- Reviewer, American Journal of Psychiatry
1987- Reviewer, Psychiatric Services
1991- Reviewer, Journal of Personality Disorders
1990- Reviewer, Archives of General Psychiatry
1993- Reviewer, Journal of the American Medical Informatics Association
1993- Reviewer, Psychosomatics
1995- Reviewer, Journal of the American Medical Association
2001- Reviewer, Biological Psychiatry
2002- Reveiwer, Comprehensive Psychiatry
2003- Reviewer, Psychological Medicine
2004- Reviewer, Journal of Psychiatric Research
2005- Co-editor, APA's Handbook of Psychiatric Measures

2006- Co-editor, Psychiatry, Third Edition, John Wiley and Sons
2011- Associate Editor, Journal of Nervous and Mental Diseases

Forensic:

1998- Member, Forensic Panel, New York, NY

Court Testimony as Expert Witness:

Paul Dennis Reid, Sr. vs. State of Tennessee, Post-conviction No. 38887, Circuit Court, 19th Judicial District, Montgomery County, Tennessee, Division III. Testimony for Paul Dennis Reid, May 15, 2008. Presented evidence regarding competency to waive appeal process for defendant on death row for multiple murders.

United States of America vs. Abdullah Khadr, Ontario Superior Court of Justice, Court File Number EX0037/05, Testimony for United States of America, June 25, 2009. Presented evidence questioning whether purported PTSD diagnosis related to alleged torture in Pakistan jail could account for alleged false confession in terrorism case.

Doe v. Marriott International Connecticut 10896.00020. Deposition for defendant. March 8, 2010

Dixon vs. Kubiak et al, Deposition for defendant, September 30, 2010

Malajian vs. In Mocean, et. al., Deposition for defendant, August 3, 2011.

Cohn vs. Hayward et al. Deposition for plaintiff, September 7, 2011

Collins vs. State of New York et. al. 07-CV-0493 testimony for defendant in civil lawsuit March 19, 2012

United States of America vs. Mondher Bejaoui, 10 CR 553 (SHS). Testimony for defendant re: competence to stand trial, August 13-14, 2012

United States of America vs. Joseph Duncan III, . 07-CR-00023-EJL, Testimony for defendant re: assessment of religious delusions in compentency hearing re: decision not to appeal, January 25, 2013

United States of America vs. Manssor Arbabsiar, 11-CR-897 (JFK). Testimony for defendant re: mental disorder history in sentencing hearing. May 8, 2013 and May 29, 2013

Consultative:

1986-1987 Consultant, DSM-III-R Mood and Personality Disorder Committees
1987 Clinical Consultant, New York State Office of Mental Health Alternative Reimbursement Methodologies Project
1989 Participant in ICD-10 Field Trial of Clinical Guidelines for Diagnosis
1989-1992 Consultant, Committee on Information Systems, American Psychiatric Association
1989-1995 Consultant, Chapter V, International Classification of Diseases - Tenth Edition (ICD-10)
1990 Consultant, Federal Bureau of Investigation Project on Classification of Violent Crime
1990 Consultant, National Digestive Diseases Advisory Board
1990- Consultant, Committee on Diagnosis and Assessment, American Psychiatric Association
1991- Consultant, Committees on Personality Disorders, Mood Disorders, Psychotic Disorders, Anxiety Disorders, World Health Organization, 1991.
1991-1995 Consultant, American Health Information Management Association
1992- Consultant, National Center for Health Statistics
1987- Principal Trainer, SCID, Office of Mental Health, New York State
1993- Principal Trainer, DSM-IV, Office of Mental Health, New York State.
1993 Member, Initial Review Group, NIMH B-Start Program
1995 Consultant, Depression Management Program, UCLA Department of Psychiatry
1995-1997 Consultant, Columbia-Cornell-Duke Practice Guideline Consortium
1999-2005 Chairperson, Subcommittee for Psychiatric Causes of Headache, for International Classification of Headache, published by International Headache Society
1999-2005 Member, Steering Committee to Revise International Classification of Headache
1999- 2002 Chair, GAPS in DSM-IV subcommittee for APA DSM-V Research Planning Project
2002-2007 Member, Editorial Board, Diagnostic Manual for the Dually Diagnosed, National Association for the Dually Diagnosed (Mental Disorders and Mental Retardation)
2004-2007 Director, DSM-V Prelude Web-Based Project
2006- 2009 Chair, American Psychiatric Association Committee on Psychiatric Diagonsis and Assessment
2006- Member, American Psychiatric Association, Council on Research
2009- Consultant to WHO Secretariat, Revision of the Mental and Behavioral Disorders Chapter on the International Classification of Diseases
2010- External consultant to the National Institute of Mental Health Steeering Committee on the Research Domain Criteria Project
2012- Reviewer consultant. DSM-5
2012- Editorial consultant, DSM-5

Honors and Awards:

Castle Connolly Best Doctors in New York award (top 2.2% of peers) 2010, 2009, 2007, 2005 and 2006
Faculty member, Lundbeck International Neuroscience Foundation, 2004-present
NYSPI Alumni Association Research Award for best research by graduating resident, May 1987
L.W. Earley Memorial Prize, University of Pittsburgh School of Medicine, June 1983, award for highest honors in Psychiatry
Graduated Summa Cum Laude, Princeton University, 1978
Membership in Tau Beta Pi, Engineering Honorary Society, 1977-present
Membership in Eta Kappa Nu, Electrical Engineering Honorary Society, 1977-present.
Winner Westinghouse Science Talent Search, 1974

Fellowships and Grant Support

2003-2007
Co-principal investigator, Future of Psychiatric Diagnosis, APA-NIMH Cooperative agreement for 10 research planning conference for DSM-VI.ICD-11
2000-2004
Co-principal investigator, Services Needs in Early Psychosis and Drug Use Continuation, NIDA RO1-DA1053906, $1,282,406 4/1/00 to 2/28/04
1997-2002
Co-principal investigator, Service Needs in Early Psychosis and Drug Use. NIDA R01-DA10539. 01A1, $1,732,011 4/11/97 to 2/28/02.

1990-2007
Salary support paid to Columbia University Biometrics Research from American Psychiatric Association Office of Research for DSM-related projects: $454,000 in salary, direct and indirect costs
1989-present
Principal Investigator: DTREE: DSM Diagnostic Expert System. Royalty Account #903-4019A, $77,957.11 (ongoing accrual)
1990-93
Co-Principal Investigator: Focused Field Trials for DSM-IV. NIMH Program Project Grant SRCM-P (20) 3 P01 MH47200-01F2. Three years with $2,023,590 in direct costs (A. Frances, PI)
1991-94
Co-investigator: MICA Project, St. Lukes-Roosevelt Hospital, Center for Substance Abuse Treatment, Grant #OT-90-2 (S. Zinberg, PI)
1985-87
Principal Investigator: PSYCH-AID:A microcomputer-based expert system for guiding diagnostic workups in Psychiatry, Basic Research Support Grant #903-E761S from Research Foundation for Mental Hygiene, Inc./New York State Psychiatric Institute, Two years, $8000.00

Departmental and University Committees

1990- Member, NYSPI Institutional Review Board

Teaching experience and responsibilities

7/06- Co-teach Diagnostic Interviewing Course for PGY2 residents
7/01- Lecture on Personality Disorders for Second Year Medical Students
7/00-6/01 Course on Personality Disorders for Third Year Medical Students – Columbia College of Physicians and Surgeons
7/88- Psychotherapy Supervisor (Schema-focused cognitive therapy for Personality Disorders); 2 residents per year (either 2 PGY3 residents or 1 PGY3 and 1 PGY4 elective supervision per year), Residency Program, New York State Psychiatric Institute
7/92- SCID Interviewing Course, PGY2 residents, New York State Psychiatric Institute (4-6 hours per year)
7/87-7/89 Preceptor, Columbia University School of Medicine Third year psychiatry course (15 students per year)

Publications

1. First MB, Weimer BJ, McLinden S, Miller RA. LOCALIZE: Computer-assisted localization of peripheral nervous system lesions. Computers and Biomedical Research, 1982; 15:525-43.

2. First MB, Soffer LJ, Miller RA. QUICK (Quick Index to Caduceus Knowledge): Using the Internist-I/Caduceus knowledge base as an electronic textbook of medicine. Computers and Biomedical Research, 1985; 18:137-65.

3. Masarie FE, Miller RA, First MB, Myers JD. An electronic textbook of medicine. Proceedings of the Ninth Annual Symposium on Computer Applications in Medical Care, Washington, D.C.: IEEE Computer Society Press, 1985, p. 325.

4. First MB, Williams JBW, Spitzer RL. DTREE: Microcomputer-assisted Teaching of Psychiatric Diagnosis Using a Decision Tree Model, Proceedings of the 12th Annual Symposium on Computer Applications in Medical Care, Washington, D.C.: IEEE Society Press, 377-381, 1988.

5. Miele G, Tilly S, First MB, Frances A: The Definition of Dependence and Behavioral Addictions. British Journal of Addition 85:1421-1423, 1990.

6. Frances A, Pincus HA, Widiger TA, Davis WW, First MB. DSM-IV: Work in Progress. American Journal of Psychiatry, 147:11, 1439-1448, November 1990.

7. Frances A, Pincus HA, Widiger T, Davis W, First MB: An introduction to DSM-IV. Hosp and Community Psychiatry 41:493-494, 1990.

8. Widiger T, Frances A, Pincus H, Davis W, First MB: Toward a more empirical diagnostic system. Canadian Psychology 32(2):174-176, 1991.

9. Frances A, First MB, Widiger TA, Miele G, Tilly S, Davis W, Pincus HA: An A to Z guide to DSM-IV conundrums. J of Abnorm Psychol, Vol 100, No 3, 407-412, 1991.

10. Frances A, Hall W, First M, Widiger T, Pincus HA: Issues and Proposals for Changes in Mood Disorders in DSM-IV. Journal of Clinical Psychiatry 1:5-10, 1991.

11. Frances A, Davis W, Kline M, Pincus HA, First MB, Widiger TA: The DSM-IV Field Trials: Moving Toward an Empirically Derived Classification. European Psychiatry 6:307-314, 1991.

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